Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

| Ellocative December 20, 1000   |   |                      |                                  |                                   |           |                                    |                                       |                 |                                       |                        |                           |                                |                        |
|--|---|----------------------|----------------------------------|-----------------------------------|-----------|------------------------------------|---------------------------------------|-----------------|---------------------------------------|------------------------|---------------------------|--------------------------------|------------------------|
| CLA  |   |                      | AIMS AS FILED - PA<br>(Column 1) |                                   |           | ART I<br>(Column 2)                |                                       |                 | SMALL<br>TYPE                         | ENTITY                 | OR                        | OTHER<br>SMALL                 |                        |
| FOR  |   |                      | NUMBE                            | MBER FILED NUM                    |           |                                    | EXTRA                                 |                 | RATE                                  | FEE                    |                           | RATE                           | FEE                    |
| BASIC FEE  |   |                      |                                  |                                   |           |                                    |                                       | ,               |                                       | 345.00                 | OR                        |                                | 690.00                 |
| TOTAL CLAIMS   |   |                      | 52 minus 20= * 3                 |                                   |           | 3.                                 | 2                                     |                 | X\$ 9=                                |                        | OR                        | X\$18= ,                       | SKOW                   |
| INDEPENDENT CLAIMS   |   |                      | 5 minus 3 = * 2                  |                                   |           |                                    | ノ                                     |                 | X39=                                  |                        | OR                        | X78=                           | 15600                  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |   |                      |                                  |                                   |           |                                    |                                       | +130=           |                                       |                        | +260=                     | ,                              |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2                     |   |                      |                                  |                                   |           | •                                  |                                       |                 | OR                                    |                        | 1 (/ววล                   |                                |                        |
| CLAIMS AS AMENDED - PART II  |   |                      |                                  |                                   |           |                                    |                                       |                 | TOTAL                                 |                        | OH                        | TOTAL                          | K YOUN                 |
|  |   |                      |                                  |                                   |           | (Column 3)                         |                                       | SMALL ENTITY OF |                                       |                        | OTHER THAN R SMALL ENTITY |                                |                        |
| ENT A  |   | REM.<br>AF           | AIMS<br>AINING<br>TER<br>IDMENT  |                                   | NU<br>PRE | HEST<br>MBER<br>/IOUSLY<br>D FOR   | PRESENT                               |                 | RATE                                  | ADDI-<br>TIONAL<br>FEE |                           | RATE                           | ADDI-<br>TIONAL<br>FEE |
| <b>AMENDMENT</b>   | Total   | . d                  | Plo                              | Minus                             | **5       | 2                                  | =                                     |                 | X\$ 9=                                |                        | OR                        | X\$18=                         | D                      |
|  | Independent   | *                    | 6                                | Minus                             | ***       | <u>5</u>                           | = 3                                   |                 | X39=                                  |                        | OR                        | XXX =                          | 25200                  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                      |                                  |                                   |           |                                    |                                       |                 | +130=                                 |                        | OR                        | <b>1260</b>                    | Ð                      |
|  |   |                      |                                  |                                   |           |                                    |                                       |                 | TOTAL<br>ADDIT. FEE                   |                        | OR                        | TOTAL<br>ADDIT. FEE            | 25226                  |
| (Column 1) (Column 2) (Column 3)   |   |                      |                                  |                                   |           |                                    |                                       |                 | NDD11.1 CE                            |                        |                           | NODII. 1 EE                    | V                      |
| AMENDMENT B  |   | REM<br>AF            | AIMS<br>AINING<br>TER<br>IDMENT  |                                   | NU<br>PRE | AHEST<br>MBER<br>/IOUSLY<br>D FOR  | PRESENT<br>EXTRA                      |                 | RATE                                  | ADDI-<br>TIONAL<br>FEE |                           | RATE                           | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *                    |                                  | Minus                             | **        |                                    | =                                     |                 | X\$ 9=                                |                        | OR                        | X\$18=                         |                        |
|  | Independent   | *                    | <u>.</u>                         | Minus                             | ***       |                                    | =                                     |                 | X39=                                  |                        | OR                        | X78=                           |                        |
| _  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                |                      |                                  |                                   |           |                                    |                                       |                 | +130=                                 |                        | OR                        | +260=                          |                        |
|  |   |                      |                                  |                                   |           |                                    |                                       |                 |                                       |                        | OR                        | TOTAL<br>ADDIT. FEE            |                        |
|  |   |                      | umn 1)                           | 1                                 |           | umn 2)                             | (Column 3)                            |                 |                                       |                        |                           |                                |                        |
| AMENDMENT C  |   | REM.                 | AIMS<br>AINING<br>TER<br>IDMENT  |                                   | NU<br>PRE | GHEST<br>IMBER<br>/IOUSLY<br>D FOR | PRESENT<br>EXTRA                      |                 | RATE                                  | ADDI-<br>TIONAL<br>FEE |                           | RATE                           | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *                    |                                  | Minus                             | **        |                                    | =                                     |                 | X\$ 9=                                |                        | OR                        | X\$18=                         |                        |
|  | Independent   | *                    |                                  | Minus                             | ***       |                                    | =                                     | lt              | X39=                                  |                        |                           | X78=                           |                        |
| 1  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                |                      |                                  |                                   |           |                                    |                                       | ╽┟              |                                       |                        | OR                        |                                |                        |
| +130=  * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |                      |                                  |                                   |           |                                    |                                       |                 |                                       |                        | OR                        | +260=                          |                        |
| **   | If the "Highest Nur<br>If the "Highest Nu<br>The "Highest Nur | mber Pre<br>mber Pre | eviously Pa<br>eviously Pa       | aid For" IN THI<br>aid For" IN TH | IS SPACI  | E is less tha<br>E is less th      | an 20, enter "20.<br>an 3, enter "3." |                 | TOTAL<br>ADDIT. FEE<br>and in the app | propriate box          |                           | TOTAL<br>ADDIT. FEE<br>lumn 1. |                        |